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** CONTINUING DATA ***** This appln claims benefit of 60/219,357 07/19/2000 and claims benefit of 60/188,115 03/09/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/05/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 21	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 3
ADDRESS 022844				
TITLE MEDICAL DIAGNOSTIC SYSTEM				
FILING FEE RECEIVED 1015	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	